

**STATUS OF HOUSING AVAILABILITY**

1. **FROM:** Family Housing Office  
a. Installation Name

2. **TO:** Applicant's Name *(Last, First, MI)*

3. **YOUR APPLICATION FOR MILITARY FAMILY HOUSING WILL BE EFFECTIVE** *(Day, Mo, Yr, Hour)*

b. Phone *(DSN)* *(Commercial)*

4. **YOU ARE ADVISED THAT:** a. You can expect military housing to be available

(1) Immediately upon your arrival

(3) Within 12 months of your arrival

(2) Within approximately 30 days of your arrival

(4) After 12 months or more, or not at all

4b. Considering the availability of family housing you should make alternative housing arrangements that will be

(1) Temp

(2) Semi-Perm

(3) Permanent

c. Comments

5. **HOUSING AVAILABILITY IN THE COMMUNITY IS:**

Good

Fair

Limited

6. **YOU MUST CONTACT THE FAMILY HOUSING OFFICE** *(housing referral)* **UPON ARRIVAL BEFORE YOU MAKE HOUSING ARRANGEMENTS, AND TO BE INFORMED OF ANY CHANGES TO THE ABOVE.**

7. **SIGNATURE** *(Family Housing Office Representative)*

8. **DATE** *(Day, Month, Year)*